

## OFFICIAL RESPONSES TO VENDOR QUESTIONS RFP-2018-BDS-03-CHILD

No.	Question	Answer
1.	<b>General:</b> Will DHHS accept a LOI that is late? If so, is such vendor permitted to participate in the Q &A process?	We expect LOIs to be submitted by the deadline. No questions may be submitted after this Q&A is posted.
2.	General: Which vendors have submitted a LOI?	We do not provide information on other applicants.
3.	General: Who is the current vendor?	Manchester Community Health Clinic/ Child Health Services
4.	General: What number of recipients is currently being served? What number of recipients meets criteria for services? Is there a waiting list? If so, what is the volume?	The Child Development Clinic vendors have been varied over the last 5 years. If the question about the number of recipients who meet criteria for services is asking for details about how many children go through initial intake but are not seen at clinic – we do not have the data to answer that question clearly. There is generally a waiting list; while the volume and wait time is variable it has translated to an average wait time per child of approximately 4-5 months. However, this proposal is funded at a higher price point than in previous years with the intent of addressing the waitlist/wait time.  Number served in previous years:  By SFY  2012   2013   2014   2015   2016   853   943   1340   1733   1400
5.	<b>Section 3.4:</b> Would the grant support a psychiatrist rather than a psychologist? Would a child psychiatrist fit under the specialty physician umbrella?	A child psychiatrist would fit under the specialty umbrella. The child psychologist role is detailed in 3.4.4. If a bidder wanted to submit a proposal and demonstrate that an identified child psychiatrist was able to effectively perform all of these requirements, within a cost effective budget, this would be considered.
6.	Section 3.4.3: a. "vendor must employ": How is the word employ	The manner of employment is at the discretion of the bidder but this should be clearly identified in the



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	intended here? FTE, consultant, subcontractor?  b. Why would they be required to travel?  c. What services are they actually delivering to the recipients?  d. How many staff/consultants (FTEs) are actually servicing this SOW? Which type of specialties and # of site visits?  e. Is the current staffing level sufficient to meet the SOW?	proposal.  b. They would be required to travel to the clinic locations, these locations should be detailed in the proposal. Travel would also be required for participation in meetings as identified in 3.2.9 and 3.4.7.  c. The current array of staff/consultants is managed by the contractor/vendor to meet the needs of the children identified for services and can be variable. The array of specialties is consistent with the description in the RFP.  d. It is premature to comment on the sufficiency of the current staffing level – this will be identified by the current vendor in their annual report and then
7.	Question 9: "staffing plan for all sites": What sites is this referring to and where are they located?	reviewed by the Department.  The determination of the location of clinic sites is to be proposed by the bidder. These locations are expected to provide statewide services. The proposal should detail the plan for identifying locations and how these locations will be matched to meet family need for reasonable access. If different team members will serve at different locations this should be identified.
8.	Question 10: Does this question relate to professional workforce development and competencies in general or to recruiting and maintaining staff to meet the needs of the Child Development Program?	The bidder is encouraged to address professional development and competencies and recruitment of staff as well as relationships with clinical staff training programs.